

FULL COUNCIL MEETING MINUTES
April 16, 2018 - 1:30 PM
STATE COUNCIL FOR PERSONS WITH DISABILITIES
Felton-Farmington Conference Room, DelDOT Building, Dover

PRESENT

Jamie Wolfe, Chair; Daniese McMullin-Powell, SCPD; Gene Aucott, Easter Seals; Deborah Bradl, DHSS/DVI; Anthony Carter, JEVs; Moni Edgar, UCP-DE/CAP; Nick Fina, Advocate; Bonnie Hitch, DART; Michelle Morin, Office of Supplier Diversity; Ann Phillips, Family Voices/Parent; Lauren Reynolds, FCIL; Loretta Sarro, DOL/DVR-DODHH; Lloyd Schmitz, Council of the Blind/EFOC; James Steele; National Federation of the Blind-DE; Abby Stewart, Embrace; Wendy Strauss, GACEC; Meredith Tavani, DSCYF/DPBHS; Laura Waterland, DLP; Todd Webb, DelDOT Office of Civil Rights; Despina Wilson, IRI; John McNeal, Staff; Amber Rivard, Support Staff; Zachery Cook, Intern-SCPD, and Jo Singles, Support Staff.

GUESTS

Victoria Counihan, DOJ/AG
Ann Kempfski, Delaware Health Care Commission
Bill Powell
Asia Royal, Wilmington University Grad Student
Marcia Scott, University of Delaware
Julia O'Hanlon, University of Delaware

Interpreters: Peg Stewart/Caroline Greene

CALL TO ORDER

Jamie called the meeting to order at 1:32 pm. Everyone introduced themselves.

ADDITION OR DELETIONS TO THE AGENDA

- Nominating Committee

Wendy made a motion to approve the amended Agenda. Lloyd seconded the motion. Motion was approved.

APPROVAL OF MINUTES

Wendy made a motion that the minutes from the March 19th meeting be approved as submitted. Lloyd seconded the motion. Minutes were approved as submitted

BUSINESS

Mobility in Motion

Julia O'Hanlon and Marcia Scott (University of Delaware/Institute for Public Administration) gave a presentation on Mobility in Motion – Help Shape the Future of Mobility Delaware (handout). They have worked with Delaware Transit Corporation since 2015 on opportunities to address mobility challenges statewide, including public transportation and transit in Delaware. An informational flyer was included in the meeting packet.

Julia and Marcia reviewed the PowerPoint in detail, including the following topics:

- What Has Been Evaluated
- Phase 1 Work
- What's Working Well in Delaware?
- National Best Practice Strategies
- 2016 County Workshop Outcomes
- 2016 Mobility Forum
- Statewide Mobility Forum
- Phase I Study – Recommendations
- What is a Coordinated Plan?
- Coordinated Public Transit – Human-Service Transportation Plans (needs to be updated)
- Key Elements of a Coordinated Plan
- What is Mobility in Motion?
- How We Move is Changing
- Who are Our Stakeholders?
- Targeted Stakeholder Groups
- DTC Outreach & Engagement – Senior Center Visits
- How can Delaware promote innovative coordinated access and mobility for all, etc.
- Work Plan Overview
- How You Can Help?
- Contact Information for Julia and Marcia.

Jamie asked if persons with disabilities were included in the workshops because bus stop accessibility is low. Julia stated they had 60 participants in the workshops. Lloyd asked about realigning in the 5310 Program. Marcia explained that it was realigned in 2012, which gives different opportunities for allocating funding and resources. She said that under the Map 21 and FAST Act, there is a new opportunity to allocate funding to create pilot programs for transportation services, have more transportation oriented services for disadvantaged populations and focus on all people that have mobility issues (elderly, persons with disabilities, veterans, low-income, people who walk for bike to a transition facility or hub). The 5310 Program is not only addressing vehicles (since 2012). The top recommendation was that coordinated plans need to be updated. Technology has changed dramatically to make transportation more efficient and mobile. Lloyd spoke about the lack of accessible vehicles for transporting individuals with disabilities in wheelchairs. He asked if the 5310 Program would enable self-employment opportunities for people that could work within this program to obtain vehicles since people with disabilities have higher rates of unemployment. Marcia commented that this would have to be researched because of the legalities on what is a nonprofit human service transportation provider. Marcia explained that the allocation funding would still need to go to a nonprofit organization that is qualified to provide those transportation services. Local government entities are now considered to be qualified providers. Marcia stated that we need to build a consensus on what needs to be done, what are the

priorities in Delaware, and whom needs to be involved. She added that this is part of their mobility outreach. Marcia explained that there is no additional funding, but the way it is allocated has changed, but there is discretionary money that is shrinking for pilot programs. Nick spoke about transportation services for medical appointments or jobs in a nearby state. Marcia spoke about this coming out as a priority need for Delawareans. Marcia passed around a paper for people to write their email addresses so their outreach can be sent more widely. Deborah spoke about the special challenges and barriers for those with visual impairments.

Marcia spoke about doing a snapshot survey at senior centers to find out the challenges that older adults are facing and the opportunities that they see to improve mobility in Delaware. They have gathered preliminary data, but want more input from services groups, committees, and advocates of transportation on ways to promote innovative coordinated access for all Delawareans. They want to find out how to improve coordination and partnerships for existing services and address mobility barriers. They want to conduct outreach statewide. Marcia reviewed the timeframe for January 2018 through January 2020, including a draft coordinated plan by the end of December 2019. Everyone can help with this project by taking the online survey on the following link to provide input by pasting the following on the taskbar: goo.gl/d6kz2B or open the following link: https://delaware.ca1.qualtrics.com/jfe/form/SV_3q4Evxqc4vBLbet, sharing the survey, and learning more about the project by visiting: www.mobilityDE.org. Outcomes will be posted on the website.

There was discussion about lack of sidewalks in rural areas and uneven sidewalks throughout the state. Marcia commented that this would be important information to have. Todd asked if they have reached out to municipalities about their infrastructure. He added that it is important to include them since they have to work with DelDOT. He spoke about a new Sidewalk Committee created by DelDOT, which will bring all the players together to see they can work together to remediate this in a comprehensive plan. Marcia said that another project by the University of Delaware is addressing municipalities. Bonnie commented that DTC's goal is to have one system that works for everyone and their goal is inclusion. Contact information for Julia and Marcia can be found on the last page of the PowerPoint. Marcia asked everyone to distribute the survey widely. Jamie thanked Marcia and Julia for their presentation.

Executive Order 19 – Driving Change with the Health Care Spending Benchmark

Ann Kempinski, Delaware Health Care Commission (DHCC) provided a PowerPoint presentation on Driving Change with the Health Care Spending Benchmark (handout). She also distributed a flyer on the Supporting the Health Care Spending Benchmark. Ann explained that DHCC has a Board of Commissioners that advises and they are appointed by the Governor and the General Assembly. There are also standing members (Cabinet Secretaries). The DHCC has pushed different health care policies over the years. Secretary Kara Walker (DHSS) is the Governor's main policy adviser, and the DHCC supports her in carrying out health policy for the State of Delaware. The Health Care Quality and Cost Benchmark is a priority for Secretary Walker, the Governor, and the General Assembly.

Highlights of the presentation:

- Delaware spends more on health care than most other states.
- Per person spending in Delaware is higher than the national average in every category of service.
- Rising health care costs crowd out other priorities.
- Delaware's total health spending will double from 2015 to 2025.
- Medicare and Medicaid account for nearly 40% of Delaware's health spending.

- Delaware proudly covers most of its residents.
- Delaware's overall health is poor despite covering more of our residents.
- Delaware needs more person-center care.
- We need a quality and cost benchmark.
- The quality and cost benchmark is a target.
- Advisory group welcomes all.
- To get better results, we have to pay differently for care.
- Delaware's Road to Value: Our Objectives: Improved choice and better delivery.
 - Strategy One: Improve health care quality and cost.
 - Strategy Two: Pay for value.
 - Strategy Three: Support patient-centered, coordinated care.
 - Strategy Four: Support the health care provider workforce and health care infrastructure needs.
 - Strategy Five: Improve health care for special populations.
 - Strategy Six: Engage communities.
 - Strategy Seven: Ensure data-driven performance.
- Success relies on everyone's involvement.
- Involving stakeholders through summits.
- How you can get involved: Delaware is establishing a health care spending benchmark.

Ann spoke about telehealth medicine. She stated that Delaware needs a strong foundation of primary care and clinicians that take responsibility for coordination of care, etc. Virtual delivery of services is increasing in other states. The fee for service way of paying needs to change. The benchmark (target) is a measure of how well we are changing. Governor Carney recently issued an Executive Order, which creates an Advisory Committee to the Secretary of DHSS around health care spending and quality metrics, and variations in health care delivery and costs among Delaware providers. There have been several meetings and is a completely open process (Facebook Live, open to written public comments).

Nick asked what the difference is between the long established DHHC and this benchmark. Ann explained that the Governor wanted to take a deep dive into the data, sources of data and methodology, along with some more expertise. When the Advisory Group ends in June, there will be a written product to the DHCC. The Governor's intent is that this be an annual process to evaluate how we are doing, the DHCC will have some oversight in that process.

Ann spoke about the benchmark and what is going to be done differently. We want to improve performance on quality measures and chronic disease measures and also manage the cost trend. The Delaware's Road to Value is that we have to pay differently so that our physicians, nurse practitioners, and hospitals are more proactive and get rewarded for promoting prevention and preventing emergency room visits. The objectives are improving choice and better delivery. She said that part of shifting health care system is having more information about our health care delivery system, including patient satisfaction.

Nick asked if there was available data that shows how good doctors and health care providers are in Delaware compared to doctors in other states. Ann explained that they are currently undertaking that process. She mentioned that the Delaware Cancer Consortium and reducing mortality around cancer, including cancer prevention collects some measures. Also, the CDC collects some measures. Delaware usually falls in the middle around diabetes and heart disease.

Jamie spoke about personal attendants who perform non-health and health related functions. She spoke about her experience with home health agencies and the requirement to have a nurses administer medicines rather than a personal attendant. They are paying double in cost for nurses. Lauren asked if doctors are being included in the discussions. Some doctors have gone to concierge services rather than deal with the constraints of Medicare and Medicaid. Ann stated that they are in touch with the physician community and the trend toward concierge services is alarming and is not a sustainable model. Also, people who cannot afford the monthly service are left out. Lauren commented that if there is no funding for this initiative, it will not work. Ann commented that small practices are really struggling with the huge demands. Physicians should be making the decision about their patients. Nick asked if there are any established initiatives at the Division of Public Health related to this and if they will change. Ann stated that changing how we pay and measure care for the Medicaid Program, which is 20 percent of Delaware's population. She spoke about the Healthy Neighborhood Initiative in the SIM (State Innovative Model) Grant. Loretta spoke about negative communication access for those who are deaf and use sign language and the doctor does not want to provide an ASL Interpreter. She added that telehealth presents issues that need to be worked out. There is a lot of miscommunication, for example, about diabetes and not understanding the care they need. Anthony asked about how malpractice insurers are responding to the telehealth concept. Ann stated that she saw telehealth as creating a continuous visit, for example, follow-up on test results. Medical malpractice comes from miscommunication. The technology is available that information can be sent wirelessly back to the doctor and will be more widely utilized in the future.

Despina spoke about deactivating doctors because the amount of paperwork they have to do for Medicaid. She added that more prevention needs to be approved because it will reduce health care costs. Doctors are leaving and the system is failing. Todd asked if the cost is increasing from the hospital or the managed care organization or a combination of the two. Ann said it is not that we are consuming too much, but that it costs a lot. Jamie asked about home & community-based services not being mentioned. She spoke about the lower cost of being at home verses being in a nursing home. Also, she has to go to the hospital for some tests because free-standing clinics do not have the equipment needed. Ann stated that resources can be freed up by moving care from one setting that is costly to a setting that is less costly. Also, we could free up resources by saying you do not have to be a nurse to do certain functions. We can come up with creative solutions.

Ann suggested that feedback could be sent to her as a group or as individuals. John commented that a person representing people with disabilities had not been appointed to the Advisory Committee. Ann commented that she would take that information with her. Ann encouraged everyone to become involved and stay involved. Comments can be made on the DHCC website: <http://dhss.delaware.gov/dhcc/>. Jamie thanked Ann for her presentation today.

Update – SCPD Retreat

Rita Landgraf will be facilitating the SCPD on Monday, June 25th at the St. Jones Reserve Training Center. It will be an all-day retreat.

Elections/Nominating Committee

John stated that Elections have to take place in June. Nick made a motion that nomination forms be sent to Jo in lieu of a Nominating Committee. People can nominate themselves or another person, and have

the person nominated agree to serve. The nominator will provide a short description of why this person is qualified and bring value to the office. Lloyd seconded the motion and the motion was carried, with no one opposing or abstaining. Nomination forms will be sent out by Jo. Jo will send out the nomination form with a deadline. A ballot will be sent to all voting members.

Update – Draft Legislation re: Membership Voting by Teleconferencing

Victoria's draft legislation was reviewed and discussed. Essentially, any member of any FOIA Board or Commission open to the public can participate by teleconferencing. Victoria stated that there are currently four boards that currently allow this. Nick spoke about the comments he had submitted. He stated that video-conferencing usually is a subset of teleconferencing. Victoria commented that most people see teleconferencing as calling in by telephone. She also stated that if this legislation passes, every board or commission will have to comply and understand their obligation. Lauren commented about people that are deaf or having hearing impairments not being able to teleconference. Nick commented that teleconferencing by phone does not work for him. Loretta commented that she has used video-relay and it was effective. Victoria noted that this does not take away the requirements that a Board has to comply with the ADA. Nick stated that his comment about teleconferencing was intended to say that teleconferencing is all encompassing and the regulation ensure that the technology provided meets accessibility standards for individuals with communication challenges. Lloyd suggested using the broad definition of teleconferencing, which is using a telephone line. After the law passes, it can further be defined. Victoria stated that current definition of video-conferencing that is in the FOIA statute says that any system permitting interaction among all participants in two or more noticed public locations. Teleconferencing would allow participants to participate in multiple non-public locations. Victoria suggested that having a separate definition of teleconferencing may be the way to go. Michelle commented that video-conferencing allows for the fact that the person was physically present. She added that she support a definition of teleconferencing. Nick commented that there are many ways to teleconference (for example, webex). Victoria added that the intent is more about the issue of voting and having a quorum.

Nick suggested having a Joint Resolution and forming a work group to include representatives from DTI to look at the technology that exists and make recommendations. Michelle commented that this may take a fiscal note and then go to Committee. She added that this group wants this to happen sooner than later. Bonnie commented that DTI has firewalls. She added that she calls in many times to meetings and they have special telephone designed for teleconferencing and they work really well. Nick commented that polycom units are distributed around the table. John made a comment about teleconferencing working for the majority of people. Loretta commented that the purpose of this is for people with disabilities who are not able to attend in-person and they want their vote to count through teleconferencing. This draft legislation would allow people to vote by teleconferencing. Victoria added that this legislation will allow anyone to teleconference and is not limited to people with disabilities on every Board or Commission. Deborah commented that the State already has bridgelines and polycom equipment with two microphones. Victoria noted that there is not a polycom in this room, but specific locations have them.

Lloyd made a motion to accept the draft legislation as written. Daniese seconded the motion. The motion was carried with 11 approving, Nick opposing and Michelle abstaining.

SSP Program for Deaf-Blind/Deaf-Low Vision Follow-Up

(This was tabled until next month due to time constraints.)

Reports

(These were tabled until next month due to time constraints.)

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- Employment First Oversight Commission –
- Executive Committee –
- Brain Injury Committee –
- Policy & Law Committee –
- Housing Committee –.
- Deaf & Hard of Hearing Work Group –
- Home & Community-Based Work Group – Jamie stated that this group is going to research assistive technology.

Other Business

None

ANNOUNCEMENTS

None

PUBLIC COMMENT

None

ADJOURNMENT

Lloyd made a motion to adjourn the meeting at 4:01 pm. Debra seconded the motion and the motion was approved.

Respectfully submitted,

Jo Singles
Administrative Specialist

SCPD/min/april18